

RECOMMENDATIONS

Erin For Kelly

DATE _____

DATE 10-17-79

SIGNATURE - EXAMINING PHYSICIAN

Rebecca

F. RAYMOND GREEN, M.D.
46 SOUTH MAIN ST.
HER-8 CHA, UTAH 84002

18. SUMMARY OF DEFECTS AND REMARKS.

1. Sealed Buck Arrow T12-L1
2. Must wear glasses
3. Will decline
4. Color blind

14. SEROLOGY (SPECIFY TEST USED) (RESULT)	22/5/71
15. EXG	

7-11-68
Foster students

81. DENTAL DEFECTS AND DISEASES

36. HEAD, FACE, NECK AND SCALP	✓
37. NOSE	✓
38. SINUSES	✓
39. MOUTH AND THROAT	✓
40. EARS, GENERAL (INT. & EXT. CANALS)	✓
41. (AUDIOMETER ACITY UNDER ITEM 38)	✓
42. DRUMS (PERFORATION)	✓
43. EYES, GENERAL (VISUAL ACUITY AND REFRACTION UNDER ITEMS 36, 37 & 38)	✓
44. OPHTHALMOSCOPIC	✓
45. PUPILS (EQUALITY AND REACTION)	✓
46. GLASS, PARALLEL	✓
47. OCULAR MOTILITY (MOVEMENTS, NYSTAGMUS)	✓
48. LUNGS AND CHEST (INCLUDE BREASTS)	✓
49. HEART (THROAT, SIZE, RHYTHM, SOUNDS)	✓
50. VASCULAR SYSTEM (ARTERIOSCLEROSIS, ETC.)	✓
51. ABDOMEN AND VISCERA (INCLUDE HERNIA)	✓
52. ANUS AND RECTUM (HEMORRHOIDS, FISTULAE)	✓
53. ENDOCRINE SYSTEM	✓
54. G.U. SYSTEM	✓
55. UPPER EXTREMITIES (STRENGTH, RANGE OF MOTION)	✓
56. LOWER EXTREMITIES (EXCEPT FEET)	✓
57. STRENGTH, RANGE OF MOTION)	✓
58. IDENTIFYING BODY MARKS, SCARS, TATTOOS	✓
59. SKIN, LYMPHATICS	✓
60. NEUROLOGIC	✓
61. (SPECIFY AND PERSONALITY)	✓

NOTES: DESCRIBE EVERY ABNORMALITY IN DETAIL (ENTER PERTINENT ITEM NUMBER BEFORE EACH COMMENT)

NO INFORMATION

20. PURPOSE OF EXAMINATION <i>Employment</i>		21. DATE OF EXAMINATION <i>10-18-79</i>		22. DEPARTMENT <i>Immigration</i>		23. POSITION <i>Immigration</i>	
24. HEIGHT <i>5'8.11"</i>		25. WEIGHT <i>169</i>		26. COLOR HAIR <i>Brown</i>		27. COLOR EYES <i>Brown</i>	
28. BUILD <input checked="" type="checkbox"/> SLIMDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		29. TEMP. <i>98.6</i>		30. PULSE (A.M. AT HEART LEVEL) <i>68</i>			
31. BLOOD PRESSURE (A.M. AT HEART LEVEL)		32. SITTING <i>135/80</i>		33. AFTER EXERCISE <i>88</i>		34. 2 MIN. AFTER <i>88</i>	
35. RECUMBENT <i>88</i>		36. AFTER STANDING 3 MIN. <i>88</i>		37. NEAR VISION <i>20/20</i>			
38. DISTANT VISION <i>20/20</i>				39. CORN. TO 20/20 <i>20/20</i>			
40. CORN. TO 20/20 <i>20/20</i>				41. TEST USED AND RESULTS <i>Visual</i>			
42. LEFT NO. /18 SV <i>15</i>		43. RIGHT NO. /18 SV <i>15</i>		44. LEFT NO. /18 SV <i>15</i>			
45. RIGHT NO. /18 SV <i>15</i>		46. LEFT NO. /18 SV <i>15</i>		47. RIGHT NO. /18 SV <i>15</i>			

MEDICAL STAFF USE ONLY

Thomas J. Lutz